EXHIBIT K

In THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAMES JIRAK AND ROBERT PEDERSEN, Plaintiffs, vs. ABBOTT LABORATORIES, INC., Defendant.	No. 07 C 3626 Judge Castillo Magistrate Judge Keys

VIDEOTAPED DEPOSITION OF STEVEN ARRI

September 22, 2009

PURSUANT TO NOTICE, the videotaped deposition of STEVEN ARRI was taken on behalf of the Defendant, pursuant to Federal Rule of Civil Procedure Rule 30, at 2035 Aerotech Drive, Colorado Springs, Colorado, this date at 9:39 a.m., before Connie S. Dyke, RPR, CRR, and Notary Public.

will pay for those products?

A. That's correct.

Q. And was that to also help you better answer physician questions related to the price that customers will pay for those products?

A. Yes.

Q. Any other reason?

A. No.

Q. Okay. After you left Dr. Khosla's office yesterday, do you recall what you did next?

A. I believe I checked voice mail.

Q. Did you have any voice mail?

A. I did.

Q. I'm sorry for going through this in painstaking detail, but do you recall from whom you had voice mail?

A. I believe it was from Maureen Connolley.

Q. And who is Maureen Connolley?

A. She's the western area sales director.

Q. Do you recall the content of Ms. Connolley's voice mail?

A. I don't.

Q. Did you respond to her voice mail?

A. I did not.

Q. Okay. You said she is the western district

sales director?

A. Western area sales director.

Q. Do you report to Ms. Connolley either directly or indirectly?

A. Indirectly.

Q. What's the -- what's the reporting chain between you and Ms. Connolley?

A. I'm a sales representative. I report to a district manager. The district manager reports to a regional manager. The regional manager reports to the western area sales director.

Q. Okay. And who currently is your district manager?

A. His name is Richard Cohea.

Q. Can you spell his last name?

A. C-o-h-e-a.

Q. And who currently is your regional manager?

A. Jeannie Lloyds.

Q. Is that with a J?

A. It's with a J.

Q. Can you spell the last name for the record?

A. L-l-o-y-d-s.

Q. Now, do you -- do you frequently get voice mails from Maureen Connolley?

A. Periodically.

Q. Okay. And is that something that you can use -- is that information that you can use when you meet with doctors?

A. It depends. If the company allows us to -- to share that information.

Q. So sometimes you'll -- you'll be aware of the results of a clinical trial but you won't be permitted to discuss it with the physician?

A. That is correct.

Q. Do you know why that is, why they won't let you discuss it?

A. I just believe it's a company directive.

Q. And you don't know -- you don't know why they've decided with respect to that particular clinical trial you're not supposed to discuss it?

A. Many times --

MS. KATZENSTEIN: I'm sorry. Objection, calls for speculation.

Q. (BY MR. KNIGHT) I'm just asking yes or no, if you know.

A. No.

Q. Okay. Do you ever ask?

A. I'm sure in five years I have asked.

Q. Is it fair to say that some clinical trials get positive results for Abbott products?

A. Potentially.

Q. Potentially positive results? Well, can you -- maybe it's easier this way: Can you describe what a clinical trial is?

A. A clinical trial is a study of a product against certain -- a certain protocol, and eventually the results are published, and that information is available to providers or physicians that use those products.

Q. And are clinical trials sponsored by Abbott?

A. Sometimes they are.

Q. Okay. And sometimes they're not?

A. Correct.

Q. When the clinical trial provides positive information or -- or a positive spin on an Abbott product, is that conveyed to you by Abbott?

A. What do you mean by "positive spin"?

Q. Well, if the clinical trial is showing positive results for the Abbott product, is that information that Abbott then conveys to you?

A. The information may be available to us if my company decides it should be.

Q. Do they ever -- do you ever get warnings from Abbott that there's a clinical trial out there that -- that maybe isn't positive for Abbott, that maybe could

Q. And do you know, as of the time of this resume anyway, for what products you had exceeded performance?

A. I couldn't tell you. It would depend on, you know, the trimester. It would depend on various time points.

Q. Okay.

A. And I carried a number of products in the last -- in the three years at that point.

Q. By -- by listing that as an accomplishment on your resume, were you taking credit for those examples of exceeding national sales performance? Did you believe it was due to your efforts?

A. I -- having been in this industry for five years now and three years at that point, I wouldn't necessarily say it was because of my efforts. I have teammates. And sometimes your numbers show up and they look great, you know, whether you were there or not, so --

Q. You said you have teammates. Who are your teammates?

A. Currently?

Q. Uh-huh.

A. I have three teammates.

Q. What are their names?

Q. Okay. When you were in South Dakota, to whom were you selling your products? Were you selling them to physicians?

A. We marketed our products sharing clinical information with physician offices. It could have been a physician, staff members, or other providers.

Q. Would you ever visit clinics?

A. That's where we would go, typically clinics or hospitals.

Q. So not typically a solo practitioner?

A. We also went to stand-alone clinics.

Q. And when you were in South Dakota, were you also visiting pharmacies?

A. Periodically.

Q. Do Abbott sales reps, in your experience, ever speak directly with patients?

A. Speak in terms of sharing the clinical information like they do with the physician, or just to say hello or greet them?

Q. In terms of -- of trying to market the product to the patients themselves.

A. We are directed not to do that.

Q. All right. So the people you meet with are the physicians who write the prescriptions to those people; is that right?

A. You know, I think if we know the personal style of the person or if we know if they've been a speaker before for another company, they have a good reputation of being able to -- to do that confidently or -- yeah, we -- we have some input into that.

Q. What types of things do you look for in a potential speaker?

A. Well, it's really not so much what I look for, but, you know, what the company decides they want based on maybe prescribing habits.

Q. Can you think of any examples of occasions where you personally have identified someone that you thought would be somebody who could speak on Abbott products and suggested that person to Abbott?

A. I've -- I've been at team meetings before where we've made a list of people that, you know, we thought, you know, might make -- might make a good speaker.

Q. And -- and were there any characteristics of those individuals that -- that you thought would make them be good speakers, characteristics you would look for in identifying people like that?

A. I think if they -- if they have a desire to speak, I mean, that's one of them.

Q. When you visit with physicians, do you ask

them about whether they would want to speak on behalf of Abbott products?

A. We have been given literature before that can, you know, give them opportunities to train to be a speaker.

Q. Okay. And who trains them to be a speaker?

A. They usually use a third-party vendor.

Q. Does Abbott have to approve them before they are trained to be a speaker on behalf of Abbott products?

A. I don't know.

Q. This -- this action plan for Dr. Thalken says that he responds to Steinmetz data. Do you know what that means?

A. I do. Steinmetz data was some efficacy data that was in an Abbott sales aid.

Q. And that was data that, I guess, he responded positively to; is that right?

A. I would think so.

Q. As a -- as a sales rep knowing that he responds positively to Steinmetz data, does that -- does that help you decide how to approach him or what kinds of information apply to him?

A. Steinmetz data is efficacy data, and efficacy data is important really in any class of drugs. So one

Q. (BY MR. KNIGHT) You don't know one way or another?

A. Huh-uh.

Q. Did you do anything with this information after you created this spreadsheet?

A. I sent it to Nancy, it appears.

Q. Other than sending it to Nancy, did you do anything with this information?

A. I could use this as a resource tool to see what plans it was covered on, whether it had good access or not.

Q. And what would be good access? What tier would that be?

A. Any tier.

Q. So it doesn't matter if it's tier 2, tier 3?

A. Tier 2's are lower copays, tier 3's are higher. Not covered, of course, would be a cash pay situation for a patient.

Q. Is this something -- is this a spreadsheet that you carried with you in making calls on physicians?

A. I probably had it maybe in my vehicle. It's not something that we could use to show a physician. We wouldn't -- wouldn't be able to use it in that capacity.

Q. You typically have just a minute or less, is that usual?

A. I can't say typically for every call, but it's not uncommon to spend less than a minute with a physician.

Q. Do you ever get as much as five minutes with a physician?

A. Maybe at a lunch appointment.

Q. But if you're just in the office on a call, you're probably not going to get that much time; is that right?

A. No. That's correct.

Q. How do -- how do you decide when you have such a short period of time what you're going to say to him or her?

A. Basically follow the -- you know, our sales director's or our district manager's directive on capsulizing the most important features and benefits of a product.

Q. Do you have a core message?

A. We do have core messages.

Q. For all of your products?

A. At least for the newer products that we're promoting.

Q. So can you give me an example of a core

message you're using right now?

A. Sure. For Trilipix, which was launched in January, the first part is the differentiating message, differentiating it with a safety indication, and then -- which is different from other fibrates, and then talking about safety and efficacy. And then there's a -- there's a third part of that, and I can't even think of what that is right now.

Q. You can't think of your core message right now?

A. I can't think of my third point, I sure can't. I don't get to say it very often with one minute or less.

Q. If this were a sales call, what would you do if you couldn't remember your core message?

A. Well, I know how to close a sales call. I've been in sales for 13 years, so I know how to wrap things up. You just see what the physician is interested in, if they're responding to any of those points before the one minute runs out.

Q. So you kind of throw a few things out there and see what makes his eyes light up, so to speak?

A. Or what they respond to. Maybe they'll extend a conversation based on some data that you show them.

Q. So you could repeat -- is it true that you

Q. You mentioned that you cannot change your call plan during this trimester. Do you remember that?

A. Yes.

Q. So, currently, you're not allowed to make any changes to your call plan?

A. That's correct.

Q. Are there people on your call plan who are deceased or retired?

A. Yes.

Q. Can you remove them?

A. Not currently.

Q. Do you ever come across information -- I know we talked in this exhibit -- in Exhibit 20, we talked about this Advair study. Do you remember that?

A. Yes.

Q. Do you ever come across information that you think is helpful but you can't use it because it's not Abbott approved?

A. That is correct, yes.

Q. And then we talked about market share earlier and market share growth in your area. If there's market share growth in your area, do you know that that growth is a direct result of your calls on physicians?

A. No.

Q. Are there other factors that contribute to market share growth other than the role of sales reps?

A. Yes.

Q. What about patient choice, does that contribute to market share growth?

A. Yes.

Q. What about formularies?

A. Yes.

Q. What about generic drugs, does that contribute?

A. Yes.

MS. KATZENSTEIN: Okay. That's all I'm going to have.

MR. KNIGHT: I'm just going to have to say that we're going to have to review these, and we're going to have to reserve the right to recall Mr. Arri if there's anything in here we think we have to ask about. I mean, these were clearly responsive to a --

MS. KATZENSTEIN: He brought them today. It's not like we've had them.

MR. KNIGHT: Right. He could have given them to me at the beginning.

MS. KATZENSTEIN: Right, but he doesn't want them taken. So we're going to have to make copies.